

**EMPLOYMENT APPLICATION****PRINT OR TYPE**

APPLICANT'S NAME (Last)			(First)	(M.I.)
MAILING ADDRESS			E-MAIL ADDRESS	
CITY	STATE	ZIP	HOME/WORK TELEPHONE NUMBER	
JOB TITLE FOR WHICH YOU ARE APPLYING				

**ANSWER THE FOLLOWING QUESTIONS:**

1. Do you need reasonable accommodation to take an interview or written test? ☐ YES ☐ NO
2. Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? ☐ YES ☐ NO  
(If yes, give details in item #5)
3. In addition to English, list any other language you:
- a. possess verbal fluency in \_\_\_\_\_
- b. possess written fluency in \_\_\_\_\_
4. I certify I can type at a speed of \_\_\_\_\_ words per minute (For typing applicants only).

**5. EXPLANATIONS:****CERTIFICATION-IMPORTANT-PLEASE READ BEFORE SIGNING-If signed, this application may be rejected.**

*I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statement may result in my dismissal from employment with the Department of Child Support Services. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the Department of Child Support Services.*

APPLICANT'S SIGNATURE

DATE SIGNED

**APPLICANT'S DO NOT USE SPACE BELOW--FOR DEPARTMENT USE ONLY**

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**EDUCATION**

Did you graduate from High School?      If not, do you possess a GED or equivalent?      If not, enter the highest grade you completed

☐ Yes      ☐ No      ☐ Yes      ☐ No

UNIVERSITY OR COLLEGE-NAME AND LOCATION, BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED	DIPLOMA, DEGREE OR CERTIFICATE OBTAINED	DATE COMPLETED

List below valid licenses, certificates of professional or vocational competencies, or membership in professional associations called for in this job announcement. *(If you are an attorney, please include first Bar date with license information if the job announcement requires it.)*

LICENSE/CERTIFICATION NUMBER	DATE ADMITTED TO THE BAR	EXPIRATION DATE	IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS JOB VACANCY

**EMPLOYMENT HISTORY – *Begin with your most recent job. List each Job separately.***

FROM (M/D/Y)	TO (M/D/Y)	TITLE/JOB CLASSIFICATION <i>(Include Range or Level, if applicable).</i>
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY
SALARY EARNED	PER	ADDRESS

DUTIES PERFORMED

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REASON FOR LEAVING

.....

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**EMPLOYMENT HISTORY – (continued)**

FROM (M/D/Y)	TO (M/D/Y)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable).
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY
SALARY EARNED	PER	ADDRESS
DUTIES PERFORMED		

REASON FOR LEAVING

FROM (M/D/Y)	TO (M/D/Y)	TITLE/JOB CLASSIFICATION (Include Range or Level, if applicable).
HOURS PER WEEK	TOTAL WORKED (Years/Months)	COMPANY
SALARY EARNED	PER	ADDRESS
DUTIES PERFORMED		

REASON FOR LEAVING

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